The European Journal of General Practice

ISSN: 1381-4788 (Print) 1751-1402 (Online) Journal homepage: https://www.tandfonline.com/loi/igen20

Getting impatient about person-centred health care

José M. Valderas

To cite this article: José M. Valderas (2013) Getting impatient about person-centred health care, The European Journal of General Practice, 19:3, 141-142, DOI: 10.3109/13814788.2013.823601

To link to this article: https://doi.org/10.3109/13814788.2013.823601

Published online: 11 Sep 2013.

European Journal of General Practice, 2013; 19: 141–142

Editorial

Getting impatient about person-centred health care

Person-centred health care is responsive to the priorities, preferences and values of the patients (1). Person centred health care follows from the ethical principle of autonomy, it is a fundamental prerequisite for beneficence (when aiming to saving lives and improving health, how can we decide what is in the best interest of our patients without involving them in the first place?) and it embodies several of the components of both the objectives and the functions of health systems as identified by the World Health Organization in its framework for the evaluation of health systems (2). It is about time we all—patients and primary care physicians—start to get impatient about its realization. The democratization of the access to health information and the consumerism are unstoppable and can only increase. The only real question is whether health professionals will want to co-lead the change or patiently wait until they are asked to change their ways. Chances are that we will all, patients and professionals, benefit if the first is the case.

Although clearly not a panacea, patient-centred care is also being recognized as a fundamental driver for change. Well-informed activated patients clearly offer outstanding opportunities for improving the quality and safety of health care (3), they may take more responsibility for their health and take decisive action for avoiding damage to their health, and they may well forgo potentially costly management options if they do not recognize a clear benefit, to consider but a few potential advantages. It provides with strong direction for the reform of health services and may potentially be instrumental in ensuring the sustainability of health systems in these challenging times. This is not a vision for the distant future, it needs to be applied now and permeate the whole architecture of the health system, including their structure and process of care and ultimately what are recognized as the legitimate goals and outcomes.

To achieve it, the structure of the health service needs to pivot around the individual patient, not her specific complaints or medical problems. This deceptively simple notion has profound implications for the role of general practice and primary care, the delicate balance of professional incentives within the system

and for access. A truly person-centred model needs to be rooted in a strong general practice and a strong primary care, which has in person orientation one of its defining characteristics (4). It also is essential that all the incentives in the system, and particularly those related to financing and reimbursement of health care activities, do (at the very least) not operate against this principle, and that the functions key for ensuring that a whole person approach is preserved are appropriately rewarded.

In relation to the required processes of care, the routine elicitation of priorities, preferences and values is paramount for a person-centred approach, and it is a prerequisite for both understanding what are the needs of the patients and for putting them in the right context, and for identifying their goals and tailoring management accordingly (5). An explicit orientation to multi-morbidity (and related constructs of comorbidity burden and patient complexity), which is at the heart of our daily experience in general practice in primary care, will also help understand the changing nature of priorities while ensuring a focus on the integration of the management for different conditions (6).

Finally, the outcomes of the health services need to be measured in terms of their ultimate product: health. This is by no means trivial, considering the tendency to

ISSN 1381-4788 print/ISSN 1751-1402 online © 2013 Informa Healthcare
DOI: 10.3109/13814788.2013.823601

measure the outcomes of general practice and primary care in terms of avoiding hospital admissions, reducing health care costs, increasing adherence to treatment or achieving some degree of control of physiological measurements. This is however at odds with our understanding of the complex nature of health, of which physical, psychological and social dimensions are not overlapping dimension, not separate compartments (7).

The promise of patient-centred care will not be fulfilled until its metrics are imbedded in the provision of routine care and the evaluation of health services including the systematic collection of information of desired forms of and reasons for interaction with the health service, personal goals and priorities, patient reported outcomes and patient satisfaction with care. Careful consideration must be given to the opportunities and synergies offered by the use of PRO measures of different degrees of standardization and individualization, the latter also potentially contributing to the identification of priorities and the definition of goals (8).

Person-centred health care is certainly the future of medicine and health care. In Primary Care and in general practice, we do have the tools, and we do have the vision. Primary care physicians need to step up and lead the change.

José M. Valderas
Department of Primary Care Health Sciences
Health Services and Policy Research Group
University of Oxford, UK
jose.valderas@phc.ox.ac.uk

REFERENCES

1. International Alliance of Patients' Organizations (IAPO). What is patient centred healthcare? A review of definitions and principles. 2nd ed. London: IAPO; 2007.
2. World Health Organization. The World health report 2000. Geneva: WHO; 2000.
3. Wagner EH. Chronic disease management: What will it take to improve care for chronic illness? Eff Clin Pract. 1998;1:2–4.
4. Starfield B. Primary care: Balancing health needs, services, and technology. New York: Oxford University Press; 1998.
5. De Sutter A, De Maeseneer J, Boeckxstaens P. Empowering patients to determine their own health goals. Eur J Gen Pract. 2013;19:75–6.
6. Valderas JM, Starfield B, Sibbald B, Salisbury C, Roland M. Defining comorbidity: Implications for understanding health and health services. Ann Fam Med. 2009;7:357–63.
7. Preamble to the Constitution of the World Health Organization. International Health Conference, New York, 19–22 June, 1946.
8. Valderas JM, Alonso J. Patient reported outcome measures: A model-based classification system for research and clinical practice. Qual Life Res. 2008,17:1125–35.